PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless corrected below or detected otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating art FEE ADDRESS in

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)	

23392 7590 03/18/2008

FOLEY & LARDNER 2029 CENTURY PARK EAST

SUITE 3500 LOS ANGELES, CA 90067 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such us an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I bereby certify that this Feeds (7 Transmittat is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop (SSUE FEE address above, or being facaintle transmitted to the USPTO (77) 273-2885, on the date indicated below

(Depositor's nume)
(Mgm/tag)
(Date)

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 10/751.327 12/30/2003 Yanan Zhang 047711-0330 7596 TITLE OF INVENTION: SYSTEM AND METHOD FOR SENSOR RECALIBRATION

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FÉE	TOTAL FEE(S) DUE	DA LE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	06/18/2008
EXA	MINER	ART UNIT	CLASS-SUBCLASS			
тотн,	KAREN E	3735	600-347000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1363). Change of correspondence address for Change of Correspondence Address form PTO/Sib1/22 attached. "Fee Address" indication (or "Fee Address" Indication form PTO/Sib1/2, be 0.9-02 or more creens) attached. Use of a Customer PTO/Sib1/2, be 0.9-02 or more creens) attached. Use of a Customer PTO/Sib1/2, be 0.9-02 or more creens) attached. Use of a Customer PTO/Sib1/2, be 0.9-02 or more creens) attached. Use of a Customer PTO/Sib1/2, be 0.9-02 or more creens) attached. Use of a Customer PTO/Sib1/2, be 0.9-02 or more creens) attached. Use of a Customer PTO/Sib1/2, be 0.9-02 or more creens) attached.		For printing on the p (1) the names of up to or agents OR, alternation	3 registered patent attorn	cys FOLEY &	LARDNER LLE	
		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, to name will be private.		o to		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MEDTRONIC MINIMED, INC. NORTHDRIDGE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🗓 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee

A check is enclosed. El Publication Fee (No small entity discount permitted) 2 Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies

☑ The Director is hereby authorized to charge the required fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number 19 = 0741 (enclose an extra copy of dris form)

5. Change In Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1 27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Fatch and Trademark Office.

Authorized Signature red R. Rittmaster Evned or nunted name

Date ____May 1, 2008

32,933 Registration No.

This cellection of information is required by 7 (FH 1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USP1O) to process in application. Confidentifying speciments by \$1.5 U.S. (1970; FH 141. This collection is estimated to take 12 minutes to complete, including pathentic, preparing, and submitting the completed application form to the USP1O. The BT OF The 141. This collection is estimated by the use Programments on the animal of time you require to complete the formation of the programment of the progr

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number